

Nebraska EMS Model Protocols

Adult Medical Protocols

2012 Edition

DECREASED LEVEL OF CONSCIOUSNESS – DECREASED MENTAL STATUS

ALL LEVELS

- Routine Assessment and Care
- Consider 0.4 to 2 mg Naloxone IM Auto-Injector/MAD for suspected or known narcotic overdose, or IV/IM/MAD for AEMT and above

EMR

- Consider Oral Airway and Assisted Ventilations
- Administer Oxygen
- Consider 12 Lead ECG acquisition and transmission
- Utilize A Non-Invasive Stroke Scale
- Obtain Onset Time
- Assess for Medical or Traumatic Cause and Utilize Additional Protocols As Needed
- Consider ALS

EMR Options if Approved

- Initiate Transport

EMT

- Consider Oxygen and Adjust Delivery Device and LPM Flow to Achieve 94% or Better O2 Saturation
- Initiate Transport

EMT Options if Approved

- Consider Advanced Airway for Persistent Decrease Mental Status
- Consider IV Access
- Obtain Blood Glucose Reading – If Abnormal Go to Appropriate Protocol

AEMT

- Consider 0.4 to 2 mg Naloxone IM/IV/IO/MAD

EMT-I

- Consider Intubation for Persistent Decrease Mental Status
- Initiate Cardiac Monitoring

Paramedic

- Consider RSI

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TOXINS – OVERDOSE

**SPECIAL INSTRUCTIONS FOR SPECIFIC TOXINS
IF LEVEL NOT LISTED USE THE TOXIN – OVERDOSE PROTOCOL ABOVE
STIMULATES – COCAINE – METHAMPHETAMINE – ECSTASY**

EMR-EMT

- Obtain Temperature
- If Temp Over 102 An Infection Not Suspected Consider Passive Cooling

EMT Options if Approved and AEMT

- Consider Fluid Boluses For Elevated Temps and Signs and Symptoms of Dehydration

EMT-I

- For Patients That Present Awake, Alert with Severe Anxiousness/Anxiety and/or Hallucinations
 - Consider 2 – 4mg Diazepam IV/IO

Paramedic

- For Patients That Present Awake, Alert with Severe Anxiousness/anxiety and/or Hallucinations
 - Consider Benzodiazepine

NARCOTICS – OPIATES – BARBITUATES

EMR-EMT

- Consider 0.4 to 2 mg Naloxone IM Auto-Injector/MAD for suspected or known narcotic overdose, or IM/IV/IO/MAD for AEMT and above

EMT

- Consider 12 Lead ECG acquisition and transmission

AEMT

- Consider Advanced Airway If Naloxone Fails to Improve Respiratory Status

EMT-I and Paramedic

- Consider Intubation If Naloxone Fails to Improve Respiratory Status

TRICYCLIC ANTIDEPRESSANT

Paramedic

- For Patients That Present or Develop Decreased Mental Status, Hypotension and Widen QRS
 - Consider 50mEq 8.4% Sodium Bicarbonate
 - Consider Vasopressor Agent

CALCIUM CHANNEL BLOCKER

Paramedic

- For Known Calcium Channel Blocker Overdose and Patients That Present or Develop Decreased Mental Status, and Hypotension
 - Consider 5ml of 10% Calcium Chloride IV/IO Over 2-5 Minutes
 - OR 15ml of 10% Calcium Gluconate IV/IO Over 2-5 Minutes
 - Consider Vasopressor Agent
- ***Avoid Calcium Chloride and Calcium Gluconate when Calcium Channel Blocker Overdose Can NOT be Confirmed OR in Mixed Overdose Situation

**Nebraska EMS Model Protocols
Pediatric Medical Protocols
2012 Edition**

DECREASED LEVEL OF CONSCIOUSNESS – DECREASED MENTAL STATUS

ALL LEVELS

- Pediatric Routine Assessment and Care
- Consider 0.1mg/kg to Max of 2 mg Naloxone IM Auto-Injector/MAD for suspected or known narcotic overdose, or IM/IV/IO/MAD for AEMT and above

EMR

- Consider Oral Airway and Assisted Ventilations
- Administer Oxygen
- Utilize A Non-Invasive Stroke Scale
- Obtain Onset Time
- Assess for Medical or Traumatic Cause and Utilize Additional Protocols As Needed
- Consider ALS

EMR Options if Approved

- Consider 12 Lead ECG acquisition and transmission
- Initiate Transport

EMT

- Consider Nasal Airway in Older Children
- Consider Oxygen and Adjust Delivery Device and LPM Flow to Achieve 94% or Better O2 Saturation
- Initiate Transport

EMT Options if Approved

- Consider IV Access
- Obtain Blood Glucose Reading-If Abnormal Go to Appropriate Protocol
- Consider Advanced Airway for Persistent Decrease Mental Status

AEMT

- Consider 0.1 mg/kg to Max of 2 mg Naloxone IM/IV/IO/MAD For Suspected or Known Narcotic Overdose

EMT-I

- Consider Intubation for Persistent Decrease Mental Status

Paramedic

- Consider RSI